


**ORIGINAL**CLERK US DISTRICT COURT  
NORTHERN DIST. OF TX  
FILED

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the

2021 JUL 30 AM 10:38

DEPUTY CLERK 

Northern District of Texas

Dallas  
Division~~8-21CR0343-K~~

Case No.

(to be filled in by the Clerk's Office)

Anthony Barron

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) Yes No

**8 - 21 CV 1770 - E**

UTSouthwestern Medical Center

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**COMPLAINT FOR A CIVIL CASE****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Anthony Barron
Street Address	4498b Twinview Ln
City and County	Orlando
State and Zip Code	FL 32814
Telephone Number	214-416-5558

E-mail Address [anthonymbarron@yahoo.com](mailto:anthonymbarron@yahoo.com)

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

**Defendant No. 1**

Name UTSouthwestern Medical Center  
Job or Title (*if known*)  
Street Address 6363 Forest Park Rd  
**Suite BL11.306**

City and County Dallas  
State and Zip Code Texas 75235  
Telephone Number  
E-mail Address (*if known*)

**Defendant No. 2**

Name  
Job or Title (*if known*)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (*if known*)

**Defendant No. 3**

Name  
Job or Title (*if known*)  
Street Address  
City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

Defendant No. 4

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

that List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution are at issue in this case.

Title 1 of the Americans with Disabilities Act,  
Chapter 21 of Texas Labor Code, and Section 504  
of the Rehabilitation Act

### B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) , is a citizen of the

State of (name)

b. If the plaintiff is a corporation

The plaintiff, (name) , is incorporated

under the laws of the State of (name)

and has its principal place of business in the State of (name)

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) , is a citizen of

the State of (name)

. Or is a citizen of

(foreign

nation)

b. If the defendant is a corporation

The defendant, (name) , is incorporated under

the laws of the State of (name)

, and has its

principal place of business in the State of (name)

Or is incorporated under the laws of (foreign nation)

and has its principal place of business in (name)

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

They have discriminated against me based on my disability by failing to provide appropriate reasonable accommodations and by terminating me in retaliation for making accommodation requests

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

Signature of Plaintiff

Pro Se I (Rev. 12/16) Complaint for a Civil Case

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Printed Name of Plaintiff

**B. For Attorneys**

Date of signing: 7/30/21

Signature of Attorney

  
Anthony Barron

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

44986 Twinview Ln

State and Zip Code

Orlando FL 32814

Telephone Number

214-416-5558

E-mail Address

anthonybarron@yahoo.com

EEOC Form 6 (5/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐

FEPA

☒

EEOC

**Texas Workforce Commission Civil Rights Division**

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

**CHARGE OF ANTHONY BARRON – PAGE 2**

leave to address the medical issues. My approved 12 week FMLA leave period was exhausted on 2/27/18. On 4/11/18, I made an accommodation request for additional leave to be able to attend medical appointments and to address time when I was in too much pain to work. My employer did not specifically respond to the accommodation request. Instead on 4/19/18, my employer retaliated against me by providing me with a Notice of Intent to Terminate. I appealed that notice. On 4/27/18 the employer further retaliated by denying my appeal and notifying me that I was terminated effective at 5 pm on 4/19/18. At one point Mr. Gill in the EEO office asked for my resume to work in another department. I sent it to him but received no response and was not offered an alternate position that did not have a 50 pound lifting requirement. Our maintenance crew also has a dispatching crew. I have experience with working in dispatch but was not offered a position in that division as light duty or otherwise. I was not offer any other alternate position at UT Southwestern Medical Center.

- II. EMPLOYERS REASON FOR ADVERSE ACTION** On 1/25/18 I requested an accommodation of a lifting restriction of 30 pounds. On 2/12/18 my employer denied my 1/25/18 request for accommodation stating: 1) modifying my "current job duties to allow a 30-pound lifting restriction would create an undue hardship for the department and UT Southwestern"; 2) "Lifting, pushing and pulling up to 50 pounds is an essential function of (my) position"; and 3) claiming that I did not "meet the qualifications and/or you cannot perform the essential job duties". The employer indicated that: UT Southwestern was unable to provide me with a job accommodation. The employer did not engage in any interactive process with me to try and determine potential ways to accommodate my limited ability at that time to lift.

My employer did not respond directly to my second request for accommodation made on 4/11/18. I requested additional intermittent leave as an accommodation to be able to attend medical appointments. My employer did not engage in any interactive process to determine potential ways to accommodate my need for additional leave as an accommodation in spite of the fact that my condition worsened following my employer's denial of my 1/25/18 accommodation request. Instead my employer retaliated against me and sent me a Notice of Intent to Terminate on 4/19/18. The employer claimed that lifting 50 pounds was an essential function of my position and that providing a lifting limitation of a maximum of 30 pounds for the time period requested would create an undue burden on the university. My employer would not provide additional leave as an accommodation but took the position was that I was absent too much due to my medical condition and as a result I was being terminated. I filed an appeal of that notice but received notice on 4/27/18 that the appeal was denied and I was terminated effective at 5pm on 4/19/18. I was not offered any alternate position at UT Southwestern Medical Center and my employer did not engage in any interactive process to discuss alternate options to provide me with an accommodation that would allow me to continue to work.

- III. DISCRIMINATORY STATUS** My employer is an agency which receives federal funds. They have discriminated against me based on my disability by failing to provide appropriate reasonable accommodations and by terminating me in retaliation for making accommodation requests. My employer failed to engage in an interactive process to discuss alternatives when the employer denied my accommodation requests. The employer discriminated against me in violation of Title I of the Americans with Disabilities Act, Chapter 21 of the Texas Labor Code, and Section 504 of the Rehabilitation Act.

I do request that EEOC dually file this charge with the Texas Workforce Commission Civil Rights Division.

Date

10/15/18

Anthony Barron – page 2

EEOC Form 5 (6/01)

**CHARGE OF DISCRIMINATION**

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Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA  
☒ EEOC
**Texas Workforce Commission Civil Rights Division**

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Mr. Anthony N. Barron

Home Phone (Incl. Area Code)

214-416-5558

Date of Birth

2/6/1989

Street Address

City, State and ZIP Code

705 Cowboys Pkwy # 3012, Irving, Texas 75063

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

UT Southwestern Medical Center

No. Employees, Members

Over 500

Phone No. (Include Area Code)

214-648-4343

Street Address

City, State and ZIP Code

5323 Harry Hines Blvd., Dallas, TX 75390-8892

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☒ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

2/12/2018

4/27/2018

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

I. **PERSONAL HARM** On 10/18/17 I was injured when a truck hit me while I was walking. I developed medical conditions that substantially limited my ability to perform major life activities including but not limited to socializing and participating in family functions, walking or sitting for longer times, lifting items, pushing and pulling items, exercising, and decreasing my ability to handle stress and anxiety. A back and neck injury resulted in orthopedic limitations that substantially limited my ability to move without severe pain and to lift objects with my arm which substantially limited my ability to work. Additionally I was diagnosed with major depressive disorder and PTSD affecting the functioning of my neurological system. I was substantially limited in my ability to maintain attention, to store and recall memory and to process information. At the time of the wreck I had worked for UT Southwestern for approximately 3 years. I was on FMLA immediately following the wreck but returned to work on 1/8/18 with approved limited intermittent FMLA leave to attend medical appointments. One 1/25/18 I requested a light duty accommodation that I not be required to lift over 30 pounds. The doctor had indicated this would be through 5/16/18 and would be re-evaluated at that time. I had requested the accommodation for up to one year. On 2/12/18 my employer denied my accommodation request to be limited to lifting no more than 30 pounds. I kept working without the accommodation but I was working in pain and my condition worsened during the period following the denial of the accommodation. I had to take intermittent

FOR ADDITIONAL INFORMATION PLEASE SEE PAGE 2 WHICH BY THIS REFERENCE IS MADE A PART THIS CHARGE



I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

10/15/18

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)